

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90092 001 \*\*\*\*50.00

<b>DOCUMENT # M05000001662</b>					
<b>1. Entity Name</b> DOWNTOWN MIAMI OPERATING MANAGER LLC					
<b>Principal Place of Business</b> C/O ARGENT VENTURES LLC 551 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10176			<b>Mailing Address</b> C/O ARGENT VENTURES LLC 551 FIFTH AVENUE, 34TH FLOOR NEW YORK, NY 10176		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01192006    Chg-LLC    CR2E083 (11/05)	
<b>4. FEI Number</b> 20-2570780				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			<b>7. Name and Address of New Registered Agent</b>		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		_____		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGR	<b>NAME</b> PENSON, ANDREW S		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 551 FIFTH AVENUE, 34TH FLOOR	<b>STREET ADDRESS</b> 551 FIFTH AVENUE, 34TH FLOOR		<input type="checkbox"/> Delete	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>CITY- ST- ZIP</b> NEW YORK, NY 10176	<b>CITY- ST- ZIP</b> NEW YORK, NY 10176		<input type="checkbox"/> Delete	<b>STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>		<input type="checkbox"/> Delete	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>CITY- ST- ZIP</b>	<b>CITY- ST- ZIP</b>		<input type="checkbox"/> Delete	<b>STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>		<input type="checkbox"/> Delete	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>CITY- ST- ZIP</b>	<b>CITY- ST- ZIP</b>		<input type="checkbox"/> Delete	<b>STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>11: I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>					
<b>SIGNATURE:</b> _____			1-26-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date    Daytime Phone #		